

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

AEGON USA, LLC PAC

ADDRESS (number and street)

1111 North Charles Street

☐Check if different
than previously
reported. (ACC)

Baltimore

MD

21201

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00236414

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Jeanne de Cervens

Signature of Treasurer Electronically Filed by Ms. Jeanne de Cervens

Date

07

01

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
AEGON USA, LLC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		50613.34
(b) Cash on Hand at Beginning of Reporting Period	50613.34	
(c) Total Receipts (from Line 19)	71922.43	71922.43
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	122535.77	122535.77
7. Total Disbursements (from Line 31)	84750.00	84750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37785.77	37785.77
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

AEGON USA, LLC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	61066.00	61066.00
(ii) Unitemized	10833.35	10833.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)	71899.35	71899.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	71899.35	71899.35
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	23.08	23.08
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	71922.43	71922.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	71922.43	71922.43

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	79000.00	79000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	5750.00	5750.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	84750.00	84750.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84750.00	84750.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	71899.35	71899.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71899.35	71899.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
Michael Michael G Ayers

Mailing Address **713 Cherokee Woods Road**

City State Zip Code
Louisville KY 40206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monumental Life Insurance Co

Occupation
Top Operating Unit Fin Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 12 / 2009

Transaction ID: 4914699

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Patrick Patrick S Baird

Mailing Address **549 Knollwood Dr SE**

City State Zip Code
Cedar Rapids IA 52403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance Co

Occupation
Pres & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 20 / 2009

Transaction ID: 4995238

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
Jill Jill A Handley

Mailing Address **3551 Morel Court**

City State Zip Code
Marion IA 52302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance Co

Occupation
Division General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2009

Transaction ID: PR21028553768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

5825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
 Ralph Ralph Lee Arnold

Mailing Address 2500 Silver Meadow Lane

City State Zip Code
Westminster MD 21158

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Monumental Life Insurance
 Co

Occupation
SVP & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 30 / 2009

Transaction ID: PR21029533768

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
 Michael Michael G Ayers

Mailing Address 713 Cherokee Woods Road

City State Zip Code
Louisville KY 40206

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Monumental Life Insurance
 Co

Occupation
Top Operating Unit Fin Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2009

Transaction ID: PR21030053768

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
 Ross Ross J Bagshaw

Mailing Address 104 Van Buren Court

City State Zip Code
Colleyville TX 76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Life Insurance
 Co

Occupation
LTC President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

06 / 30 / 2009

Transaction ID: PR21030333768

Amount of Each Receipt this Period

1001.00

P/R Deduction (\$77.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1456.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
 Patrick Patrick S Baird

Mailing Address 549 Knollwood Dr SE

City State Zip Code
Cedar Rapids IA 52403

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Life Insurance Co

Occupation
 Pres & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21030473768

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
 James James A Beardsworth

Mailing Address 4899 Oak Grove Ct NE

City State Zip Code
Cedar Rapids IA 52411

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Life Insurance Co

Occupation
 SVP, Treasurer & Corp Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21032293768

Amount of Each Receipt this Period

754.00

P/R Deduction (\$58.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
 Todd Todd M Bergen

Mailing Address 3190 Old Orchard Rd NE

City State Zip Code
Cedar Rapids IA 52402

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Life Insurance Co

Occupation
 Dir, Acquisitions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21033453768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1079.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
 David David L Blankenship

Mailing Address 4405 Oak Leaf Court NE

City State Zip Code
Cedar Rapids IA 52411

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AEGON USA Realty Advisors,
 Inc

Occupation
 Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21034773768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
 Kent Kent G Callahan

Mailing Address 300 Stanyan Place

City State Zip Code
Alpharetta GA 30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Life Insurance Co

Occupation
 Mgr - Pension Sales & Mktg RU1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21039973768

Amount of Each Receipt this Period

1001.00

P/R Deduction (\$77.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
 Thomas Thomas R Carey

Mailing Address 706 Ithica Ct.

City State Zip Code
Fallston MD 21047-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Monumental Life Insurance Co

Occupation
 District Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21040733768

Amount of Each Receipt this Period

240.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

1501.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
Marilyn Marilyn Carp

Mailing Address **7019 Pheasant Cross Dr.**

City State Zip Code
Baltimore MD 21209

FEC ID number of contributing
federal political committee.

C

Name of Employer
**Stonebridge Life Insurance
 Co**

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

06 / 30 / 2009

Transaction ID: **PR21040953768**

Amount of Each Receipt this Period

2080.00

P/R Deduction (\$160.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
Brenda Brenda K Clancy

Mailing Address **4060 Eagle Ridge Drive**

City State Zip Code
Cedar Rapids IA 52411

FEC ID number of contributing
federal political committee.

C

Name of Employer
**Transamerica Life Insurance
 Co**

Occupation
EVP & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 30 / 2009

Transaction ID: **PR21043403768**

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
Michele Michele M Coan

Mailing Address **1904 Rolling Hills Trail**

City State Zip Code
Fisherville KY 40023

FEC ID number of contributing
federal political committee.

C

Name of Employer
**Monumental Life Insurance
 Co**

Occupation
Director, Business Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 30 / 2009

Transaction ID: **PR21044043768**

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

3770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Robert Robert F Colby

Mailing Address 3 South Ridge Road

City

Larchmont

State

NY

Zip Code

10538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Fincl Life
Ins Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21044463768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Catherine Catherine Collinson

Mailing Address 1645 N. Vine St.
Unit #713

City

Los Angeles

State

CA

Zip Code

90028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Mgr - Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21044863768

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

James Came James Cameron Cook

Mailing Address 915 Round Hill Road

City

Fort Worth

State

TX

Zip Code

76131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Vice Pres-Underwriting & Claim

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21045383768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1885.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
 Glenn Glenn F Cunningham

Mailing Address 14808 Henry Harrison Stillwell Dr

City State Zip Code
 Huntersville NC 28078-8972

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Life Insurance Co

Occupation
 VP Executive I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21047383768

Amount of Each Receipt this Period

754.00

P/R Deduction (\$58.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
 Duane Duane A Davies

Mailing Address 11179 Willow Green Way

City State Zip Code
 Marriottsville MD 21104

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Monumental Life Insurance Co

Occupation
 VP Sales Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21048593768

Amount of Each Receipt this Period

299.00

P/R Deduction (\$23.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
 Jeanne Jeanne de Cervens

Mailing Address 9401 Lyons Mill Road

City State Zip Code
 Owings Mills MD 21117

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Monumental Life Insurance Co

Occupation
 Dir, Federal Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21049033768

Amount of Each Receipt this Period

1001.00

P/R Deduction (\$77.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

2054.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Phyllis Phyllis A Dilbeck

Mailing Address 1119 Glenwood Rd

City

Glendale

State

CA

Zip Code

91202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Mgr - Life Product Devel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21050723768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

B.

Full Name (Last, First, Middle Initial)

Philip She Philip Sherman Eckman

Mailing Address 8381 Hidden Ponds Alcove

City

St Paul

State

MN

Zip Code

55125-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Pres & CEO, TRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21053253768

Amount of Each Receipt this Period

1001.00

P/R Deduction (\$77.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)

George George W Finley

Mailing Address 5529 Ventura Canyon Ave

City

Sherman Oaks

State

CA

Zip Code

91401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Pro - Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21056433768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

1586.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Robert Robert P Glowacki

Mailing Address 3508 San Bar Lane

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

VP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21061483768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

B.

Full Name (Last, First, Middle Initial)

David David M Goldstein

Mailing Address 12048 Wood Ranch Road

City

Granada Hills

State

CA

Zip Code

91344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Mgr - Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21061903768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)

Eric Eric B Goodman

Mailing Address 13 River Hill Road

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
AEGON USA Realty Advisors,
Inc

Occupation

Chief Investment Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21062163768

Amount of Each Receipt this Period

910.00

P/R Deduction (\$70.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

1560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
 Brad Brad L Gottschalk

Mailing Address 30 Sunset Lane

City State Zip Code
West Hampton Beach NY 11978-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Fincl Life
 Ins Co

Occupation
 Pro - Life Actuarial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21062333768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
 Jacqueline Jacqueline D Griffin

Mailing Address 2106 Highland Springs Place

City State Zip Code
Louisville KY 40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Monumental Life Insurance
 Co

Occupation
 DIVISION PRES DFP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21063253768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
 Henry Henry Guy Hagan

Mailing Address 10710 Greenspring Av

City State Zip Code
Lutherville MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Monumental Life Insurance
 Co

Occupation
 President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21064503768

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
 Thomas Thomas J Hartlage

Mailing Address 15511 Champion Lakes Pl

City State Zip Code
 Louisville KY 40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Monumental Life Insurance
 Co

Occupation
 Executive VP Structured Produc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21066503768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
 Lynn Eliza Lynn Elizabeth Hartung

Mailing Address 2801 Crestridge Ct

City State Zip Code
 Grapevine TX 76051

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Life Insurance Co

Occupation
 Executive VP & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21066533768

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
 Scott Scott P Hassenstab

Mailing Address 300 Woodland Ct

City State Zip Code
 Hiawatha IA 52233

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AEGON USA Realty Advisors,
 Inc

Occupation
 Director of Distressed Assets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21066693768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Warren Warren R Jones

Mailing Address 2012 Winding Creek

City

Flower Mound

State

TX

Zip Code

75022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

SVP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21075533768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

B.

Full Name (Last, First, Middle Initial)

Thomas Thomas M Kazar

Mailing Address 1241 Hidden Ct

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
AEGON Direct Marketing Svc
Inc

Occupation

VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21076583768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)

Kenneth Kenneth P Kilbane

Mailing Address 922 Calle Las Trancas

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Mgr - Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21077943768

Amount of Each Receipt this Period

1001.00

P/R Deduction (\$77.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

1651.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

John John R Kneeland

Mailing Address 926 Boyson Rd. NE

City

Cedar Rapids

State

IA

Zip Code

52402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

VP, Marketing & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21078893768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

B.

Full Name (Last, First, Middle Initial)

Peter Peter G Kunkel

Mailing Address 103 Muirfield Road

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Fincl Life
Ins Co

Occupation

President&Chief Operating Offr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21080303768

Amount of Each Receipt this Period

1040.00

P/R Deduction (\$80.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)

James James P Larkin

Mailing Address 23 Orchard Farm Road

City

Port Washington

State

NY

Zip Code

11050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Fincl Life
Ins Co

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21081323768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 19 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
 John John A Madrak

Mailing Address 360 Cassatt Rd

City State Zip Code
 Berwyn PA 19312

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Stonebridge Life Insurance
 Co

Occupation
 Programmer Analyst, Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21085703768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
 Joseph Joseph J Masterson

Mailing Address 11 Southminster Dr

City State Zip Code
 White Plains NY 10604

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Fincl Life
 Ins Co

Occupation
 Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21087673768

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
 Kathy Kathy A Briney

Mailing Address 175 27th St NW

City State Zip Code
 Cedar Rapids IA 52405-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Life Insurance
 Co

Occupation
 Mgr, Acctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21089533768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1885.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Seth Seth D Miller

Mailing Address 1219 Greybrooke Place

City

Oldsmar

State

FL

Zip Code

34677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Reserve Life Assur-
ce Co.

Occupation

EVP, Specialized Dist Groups

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21092463768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

B.

Full Name (Last, First, Middle Initial)

Scott Davi Scott David Millikin

Mailing Address 611 Boulder Dr

City

Center Point

State

IA

Zip Code

52213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

To Be Assigned - Exempt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21092683768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)

Mark Mark W Mullin

Mailing Address 183 Abbotsford Rd

City

Cedar Rapids

State

IA

Zip Code

52403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

To Be Assigned - Exempt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21095263768

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

1885.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Paula Paula G Nelson

Mailing Address 17005 5th Ave North

City

Plymouth

State

MN

Zip Code

55447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Capital, Inc

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21096413768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Larry Larry N Norman

Mailing Address 401 South Seas Dr #304

City

Jupiter

State

FL

Zip Code

33477

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance Co

Occupation
Pres, FMG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21097383768

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Lonny Joe Lonny Joe Olejniczak

Mailing Address 1425 Wicklow Drive

City

Robins

State

IA

Zip Code

52328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance Co

Occupation
Managing Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21098203768

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

2015.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

John John A Oliver

Mailing Address 3540 Griffith Pk Blvd

City

Los Angeles

State

CA

Zip Code

90027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Mgr - Advanced Life Ins RU1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21098223768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

B.

Full Name (Last, First, Middle Initial)

Thomas Thomas P O'Neill

Mailing Address 11 Blenheim Farm Lane

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

To Be Assigned - Exempt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21098483768

Amount of Each Receipt this Period

638.00

P/R Deduction (\$58.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)

John John R Peterson

Mailing Address 14037 Baker Rd

City

Durand

State

IL

Zip Code

61024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Fincl Life
Ins Co

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21101943768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

1288.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Charles Charles J Powers

Mailing Address 2575 Remington Drive

City

West Linn

State

OR

Zip Code

97068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Fincl Life
Ins CoOccupation
VP - Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21103693768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Jeffrey L Rosen

Mailing Address 3703 Constantine Drive

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monumental Life Insurance
CoOccupation
Senior Executive VP Product Ma

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21109173768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)**C.**

Full Name (Last, First, Middle Initial)

Paul Paul E Rutledge

Mailing Address 3823 Beresford Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce CoOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21110143768

Amount of Each Receipt this Period

1950.00

P/R Deduction (\$150.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Douglas Douglas A Sarcia

Mailing Address 424 Chrislena Lane

City

West Chester

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stonebridge Life Insurance
Co

Occupation

VP Int'l Strategic Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21111393768

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Arthur Car Arthur Carl Schneider

Mailing Address 3525 Cass Ct # 613

City

Oak Brook

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance Co

Occupation

SVP & Chief Tax Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21112403768

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Katherine Katherine A Schulze

Mailing Address 5993 Avalon Drive

City

Elkridge

State

MD

Zip Code

21075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monumental Life Insurance Co

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21112903768

Amount of Each Receipt this Period

754.00

P/R Deduction (\$58.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1924.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Laura Laura E Scully

Mailing Address 6504 Via Siena

City

Rancho Palos Verde

State

CA

Zip Code

90275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Mgr - Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21113393768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

B.

Full Name (Last, First, Middle Initial)

Rick Rick L Seger

Mailing Address 4155 Willowbrook Dr.

City

Marion

State

IA

Zip Code

52302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

EVP, Specialized Dist Groups

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21113613768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)

Steven Steven R Shepard

Mailing Address 1492 Ridge Top Way

City

Clearwater

State

FL

Zip Code

33765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Reserve Life Assur
Co.

Occupation

Mgr - Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21114653768

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

1105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
David David D Shute

Mailing Address **29179 Valley Oak Place**

City State Zip Code
Santa Clarita CA 91390

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance Co

Occupation
Mgr - Marketing RU1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2009

Transaction ID: PR21115103768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
Robert Robert M Slaven

Mailing Address **5905 Apache Road**

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monumental Life Insurance Co

Occupation
TOP DIVISION LEGAL DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2009

Transaction ID: PR21116173768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
Brian Brian A Smith

Mailing Address **17 Lauren Lane**

City State Zip Code
Chester Springs PA 19425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stonebridge Life Insurance Co

Occupation
Chief Operating Officer ADMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

06 / 30 / 2009

Transaction ID: PR21116453768

Amount of Each Receipt this Period

1001.00

P/R Deduction (\$77.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1586.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Gayle Gayle L Sopousek

Mailing Address 1512 Trail Bend Dr NW

City

State

Zip Code

Swisher

IA

52338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

To Be Assigned - Exempt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21117893768

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Wee-
kly)

B.

Full Name (Last, First, Middle Initial)

Geoffrey Geoffrey D Southwell

Mailing Address 14137 Bankside Dr

City

State

Zip Code

Huntersville

NC

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Capital, Inc

Occupation

Division VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21118033768

Amount of Each Receipt this Period

1001.00

P/R Deduction (\$77.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)

Anne Anne M Spaes

Mailing Address 3025 Albrecht Drive

City

State

Zip Code

Prospect

KY

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monumental Life Insurance
Co

Occupation

Mgr - Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21118053768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

1976.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
 Thomas Thomas J St Andrews

Mailing Address 4019 Forest View Ct NE

City State Zip Code
Cedar Rapids IA 52411-6526

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Life Insurance Co

Occupation
 VP, Re-Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21118593768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
 Timmy Timmy L Stonehocker

Mailing Address 5124 Spring Oak Ct NE

City State Zip Code
Cedar Rapids IA 52411

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Life Insurance Co

Occupation
 EVP, Agency Group & CEO, WFG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21119843768

Amount of Each Receipt this Period

754.00

P/R Deduction (\$58.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
 Bryan Bryan M Sugimoto

Mailing Address 13220 So. Manhattan Place

City State Zip Code
Gardena CA 90249

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Transamerica Life Insurance Co

Occupation
 Mgr - Securities Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21120703768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1404.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
Craig Craig D Vermie

Mailing Address **3500 Oriole Court NE**

City State Zip Code
Cedar Rapids IA 52402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance Co

Occupation
SVP & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 30 / 2009

Transaction ID: **PR21126353768**

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
William William A Waldie

Mailing Address **3089 Prairie Du Chien Rd NE**

City State Zip Code
Iowa City IA 52240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance Co

Occupation
Gov/Industry Rels Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2009

Transaction ID: **PR21127273768**

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
Edward How Edward Howard Walker

Mailing Address **2409 Munford Drive**

City State Zip Code
Fallston MD 21047

FEC ID number of contributing
federal political committee.

C

Name of Employer
AEGON Direct Marketing Svc Inc

Occupation
Sr VP ADMS Spons Mkts/Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2009

Transaction ID: **PR21127543768**

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Thomas E Walsh

Mailing Address 4516 Dannywood Road

City

Louisville

State

KY

Zip Code

40220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monumental Life Insurance
Co

Occupation

Director Institutional Market

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21127853768

Amount of Each Receipt this Period

500.00

P/R Deduction (\$50.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael Michael A Wapp

Mailing Address 1076 Lyndhurst Dr

City

Hiawatha

State

IA

Zip Code

52233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance
Co

Occupation

Dir, Business & IT Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21128143768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Michelle Michelle M Weiner

Mailing Address 405 Cuttriss

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Fincl Life
Ins Co

Occupation

VP - Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21129263768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Gary Lee Gary Lee Werkman

Mailing Address 95 Partridge Avenue

City

Marion

State

IA

Zip Code

52302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation
Dir, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21129613768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

B.

Full Name (Last, First, Middle Initial)

Ronald Ronald L Ziegler

Mailing Address 1337 L Road NW

City

Swisher

State

IA

Zip Code

52338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation
Pres, APS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1820.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21134523768

Amount of Each Receipt this Period

1820.00

P/R Deduction (\$140.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)

Peter Peter J Zummo

Mailing Address 8 Somerset Lane

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Fincl Life
Ins Co

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21134763768

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

2535.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Brian Brian C Scott

Mailing Address 4345 Kenilworth Ct SE

City

Cedar Rapids

State

IA

Zip Code

52403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21140223768

Amount of Each Receipt this Period

250.00

P/R Deduction (\$50.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark Mark L Thornton

Mailing Address 2065 Webley

City

Plano

State

TX

Zip Code

75023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stonebridge Life Insurance
Co

Occupation

Sr VP DSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21151883768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)

Diana Diana M Marchesi

Mailing Address 1870 Jackson St #304

City

San Francisco

State

CA

Zip Code

94109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Pro - Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21157073768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
Laurie Laurie A Renko

Mailing Address **300 Prescott Drive**

City State Zip Code
Chester Springs PA 19425

FEC ID number of contributing
federal political committee.

C

Name of Employer
**Stonebridge Life Insurance
 Co**

Occupation
Sr VP Marketing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2009

Transaction ID: PR21162413768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
Matthew Matthew Burley

Mailing Address **Suite 404
 270 N Main St**

City State Zip Code
Mansfield MA 02048

FEC ID number of contributing
federal political committee.

C

Name of Employer
**Transamerica Fincl Life
 Ins Co**

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2009

Transaction ID: PR21163123768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
Aaron Aaron Hill

Mailing Address **3817 Hibbs St**

City State Zip Code
Plano TX 75025

FEC ID number of contributing
federal political committee.

C

Name of Employer
**Stonebridge Life Insurance
 Co**

Occupation
International Devlpmnt Mgr, Sr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2009

Transaction ID: PR21165963768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Thomas D McGahey

Mailing Address 4452 Longfellow

City

Plano

State

TX

Zip Code

75093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stonebridge Life Insurance
Co

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21167153768

Amount of Each Receipt this Period

1001.00

P/R Deduction (\$77.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael Le Michael Lee Wilson

Mailing Address 14020 Blenheim Rd N

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stonebridge Life Insurance
Co

Occupation

VP Financial Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21169353768

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Joel Joel L Coleman

Mailing Address 10927 Keene Road

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
AEGON USA Realty Advisors,
Inc

Occupation

Head of Portfolio Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21172463768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1586.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
Kenneth Kenneth A Klinger

Mailing Address PO Box 1416

City State Zip Code
Northbrook IL 60065-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation
VP & Corp Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21176423768

Amount of Each Receipt this Period

754.00

P/R Deduction (\$58.00 Wee-
kly)

B.

Full Name (Last, First, Middle Initial)
Dean Dean A Purvis

Mailing Address 9239 Woodriver Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
AEGON Direct Marketing Svc
Inc

Occupation
Sr VP & Bus Unit Leader, BPG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21183933768

Amount of Each Receipt this Period

1040.00

P/R Deduction (\$80.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)
Todd Todd H Fuhs

Mailing Address 12800 Ridgemoor Dr

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monumental Life Insurance
Co

Occupation
Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21191503768

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

2314.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
David David O. Wesley

Mailing Address **4929 Park Phillips Ct**

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance Co

Occupation
VP IV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

06 / 30 / 2009

Transaction ID: **PR21194333768**

Amount of Each Receipt this Period

377.00

P/R Deduction (\$29.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
Brent Brent L Nemec

Mailing Address **7001 New Bern Court**

City State Zip Code
Prospect KY 40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monumental Life Insurance Co

Occupation
Director Financial Analysis -

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2009

Transaction ID: **PR21201673768**

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
Gregary Gregory M Goings

Mailing Address **2035 Geode Street**

City State Zip Code
Marion IA 52302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance Co

Occupation
Asst Dir, Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2009

Transaction ID: **PR21204283768**

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1027.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
 Christine Christine Sumner Newlin

Mailing Address 2420 Falbrook Drive NE

City State Zip Code
Cedar Rapids IA 52402

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AEGON USA Realty Advisors,
 Inc

Occupation
 Mgr, Acctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21210073768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

B.

Full Name (Last, First, Middle Initial)
 Todd Todd B Tullous

Mailing Address 7501 Wallops Mill Pond Rd

City State Zip Code
New Church VA 23315

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Monumental Life Insurance
 Co

Occupation
 District Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21212193768

Amount of Each Receipt this Period

300.00

P/R Deduction (\$25.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
 Byron Byron E Anderson

Mailing Address 5 Newlands St

City State Zip Code
Chevy Chase MD 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Monumental Life Insurance
 Co

Occupation
 Asst Dir, Federal Gov Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21212313768

Amount of Each Receipt this Period

780.00

P/R Deduction (\$60.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1405.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Joseph Joseph S Boan

Mailing Address 307 Tunbridge Rd

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Capital, Inc

Occupation
Division VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21213483768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael Michael Henry Harkins

Mailing Address 3233 Blue Quail Lane

City

Bedford

State

TX

Zip Code

76021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insurance Co

Occupation
Sr. VP of Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR21220283768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Alex Alex Beguiristain

Mailing Address 3401 Granada Blvd

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Capital, Inc

Occupation
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR22067033768

Amount of Each Receipt this Period

1001.00

P/R Deduction (\$77.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

1651.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Matthew Ja Matthew James Collins

Mailing Address 2415 O Ave NW

City

Cedar Rapids

State

IA

Zip Code

52405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Lead Prgmr Alyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR22363723768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

B.

Full Name (Last, First, Middle Initial)

Lance Lance R Larsen

Mailing Address 2150 Glen Oaks Drive

City

Coralville

State

IA

Zip Code

52241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Annuity Product VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR22364943768

Amount of Each Receipt this Period

754.00

P/R Deduction (\$58.00 Wee-
kly)

C.

Full Name (Last, First, Middle Initial)

Angela Angela M Charipar

Mailing Address 2021 5th Ave SE

City

Cedar Rapids

State

IA

Zip Code

52403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

Grassroots & PAC Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR24067423768

Amount of Each Receipt this Period

754.00

P/R Deduction (\$58.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

1833.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)

Brian Brian D Ulery

Mailing Address 1104 Whispering Oaks Dr

City

Keller

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transamerica Life Insuran-
ce Co

Occupation

VP of Product Dev

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR28556083768

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Wee-
kly)

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

61066.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC**A.**Full Name (Last, First, Middle Initial)
Earl Pomeroy For Congress

Mailing Address Post Office Box 9336

City State Zip Code
Fargo ND 58106Purpose of Disbursement
D-ND, At Large, Event 1/27/09Candidate Name
Rep. Earl PomeroyOffice Sought: ☒ House
☐ Senate
☐ President

State: ND District: 01

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 4967962

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	0	9

Amount of Each Disbursement this Period

2000.00

D-ND, At Large, Event 1/2-7/09

B.Full Name (Last, First, Middle Initial)
The Richard Burr Committee

Mailing Address P.O. Box 5928

City State Zip Code
Winston-Salem NC 27113-5928Purpose of Disbursement
R-NC, Event 1/28/09Candidate Name
Richard BurrOffice Sought: ☐ House
☒ Senate
☐ President

State: NC District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 4968395

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00

R-NC, Event 1/28/09

C.Full Name (Last, First, Middle Initial)
Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City State Zip Code
New Castle DE 19720Purpose of Disbursement
D-DE, Event 1/28/09Candidate Name
Sen. Thomas R. CarperOffice Sought: ☐ House
☒ Senate
☐ President

State: DE District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 4968396

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00

D-DE, Event 1/28/09

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC**A.**Full Name (Last, First, Middle Initial)
Georgians for IsaksonMailing Address c/o Advantage Inc.
1611 North Kent Street, Suite 905

City Arlington State VA Zip Code 22209

Purpose of Disbursement
R-GA, Event 2/24/09Candidate Name
Johnny IsaksonOffice Sought: ☐ House
☒ Senate
☐ President

State: GA

District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 4968397

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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011

Category/
Type

R-GA, Event 2/24/09

B.Full Name (Last, First, Middle Initial)
Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
R-IA, Event 3/12/09Candidate Name
Sen. Charles E. GrassleyOffice Sought: ☐ House
☒ Senate
☐ President

State: IA

District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 4972698

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	0	9

Amount of Each Disbursement this Period

2000.00									
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011

Category/
Type

R-IA, Event 3/12/09

C.Full Name (Last, First, Middle Initial)
Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
R-IA, Event 2/10/09 (W&J)Candidate Name
Sen. Charles E. GrassleyOffice Sought: ☐ House
☒ Senate
☐ President

State: IA

District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 4972712

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

011

Category/
Type

R-IA, Event 2/10/09 (W&J)

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
Friends Of Schumer

Mailing Address 509 Madison Ave Suite 1902

City State Zip Code
New York NY 10022

Purpose of Disbursement
D-NY, Event 2/25/09

Candidate Name
Sen. Charles E. Schumer

Office Sought: ☐ House
☒ Senate
☐ President

State: NY District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 4985110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

D-NY, Event 2/25/09

B.

Full Name (Last, First, Middle Initial)
PrairieLand PAC

Mailing Address 228 S. Washington Streete
SuiteB-20

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Johanns-R-NE, (Event 2/11/08)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 4986023

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Johanns-R-NE, (Event 2/11-
/08)

C.

Full Name (Last, First, Middle Initial)
Guthrie for Congress

Mailing Address 700 12th Street, NW
Suite 700

City State Zip Code
Washington DC 20005

Purpose of Disbursement
R-KY-2, Event 2/23/09

Candidate Name
Brett Guthrie

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 02

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 4995243

Date of Disbursement

/ /

Amount of Each Disbursement this Period

R-KY-2, Event 2/23/09

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A. Full Name (Last, First, Middle Initial) Friends Of Max Baucus Mailing Address PO Box 586	Transaction ID: 5000807 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City Helena State MT Zip Code 59624 Purpose of Disbursement D-MT, Event 2/25/09 Candidate Name Sen. Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: MT District:	Amount of Each Disbursement this Period <div>1000.00</div> D-MT, Event 2/25/09
B. Full Name (Last, First, Middle Initial) Hoyer For Congress Mailing Address 607 14th Street, Nw Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement D-MD-5, Event 2/27/09 Candidate Name Rep. Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: MD District: 05	Transaction ID: 5000808 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1500.00</div> D-MD-5, Event 2/27/09
C. Full Name (Last, First, Middle Initial) Loeb sack For Congress Mailing Address PO Box 1457 City Iowa City State IA Zip Code 52244 Purpose of Disbursement D-IA-2, Event 3/11/09 Candidate Name Rep. Dave Loeb sack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: IA District: 02	Transaction ID: 5000809 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> D-IA-2, Event 3/11/09

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A. Full Name (Last, First, Middle Initial) Friends Of John Boehner	Transaction ID: 5028668 Date of Disbursement																				
Mailing Address 7908 Cincinnati Dayton Road Suite I	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period																				
Purpose of Disbursement R-OH-8, Event 3/31/09	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. John A. Boehner	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 08	R-OH-8, Event 3/31/09																				
B. Full Name (Last, First, Middle Initial) The Richard Burr Committee	Transaction ID: 5100874 Date of Disbursement																				
Mailing Address P.O. Box 5928	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
City Winston-Salem State NC Zip Code 27113-5928	Amount of Each Disbursement this Period																				
Purpose of Disbursement R-NC, Event 3/10/09	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Richard Burr	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	R-NC, Event 3/10/09																				
C. Full Name (Last, First, Middle Initial) Citizens For Bunning	Transaction ID: 5100875 Date of Disbursement																				
Mailing Address 1717 Dixie Highway Suite 180	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
City Ft Wright State KY Zip Code 41011	Amount of Each Disbursement this Period																				
Purpose of Disbursement R-KY, Event 3/25/09	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Sen. James Bunning	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	R-KY, Event 3/25/09																				

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A. Full Name (Last, First, Middle Initial) Geoff Davis for Congress	Transaction ID: 5100876 Date of Disbursement																				
Mailing Address P.O. Box 2776	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement R-KY-4th, Event 2/12/09	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Geoff Davis	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ R-KY-4th, Event 2/12/09																				
B. Full Name (Last, First, Middle Initial) Geoff Davis for Congress	Transaction ID: 5100878 Date of Disbursement																				
Mailing Address P.O. Box 2776	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement R-KY-4th, Event 4/28/09	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Geoff Davis	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ R-KY-4th, Event 4/28/09																				
C. Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski	Transaction ID: 5100881 Date of Disbursement																				
Mailing Address 103 South Hanover Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period																				
Purpose of Disbursement D-PA-11th, Event 3/11/09	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Paul E. Kanjorski	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ D-PA-11th, Event 3/11/09																				

SUBTOTAL of Disbursements This Page (optional)**3500.00****TOTAL** This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A. Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski	Transaction ID: 5100896 Date of Disbursement																				
Mailing Address 103 South Hanover Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period																				
Purpose of Disbursement D-PA-11th, Event 4/23/09	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Paul E. Kanjorski	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	D-PA-11th, Event 4/23/09																				
B. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress	Transaction ID: 5100897 Date of Disbursement																				
Mailing Address Post Office Box 9336	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period																				
Purpose of Disbursement D-ND-AL, Event 4/1/09	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Earl Pomeroy	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	D-ND-AL, Event 4/1/09																				
C. Full Name (Last, First, Middle Initial) Larson For Congress	Transaction ID: 5100899 Date of Disbursement																				
Mailing Address 29 Ruff Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
City Glastonbury State CT Zip Code 06033	Amount of Each Disbursement this Period																				
Purpose of Disbursement D-CT-1	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. John B. Larson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	D-CT-1																				

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC**A.** Full Name (Last, First, Middle Initial)
Committee to Re-Elect Linda SanchezMailing Address 501 Capitol Court, NE
Suite 100

City Washington State DC Zip Code 20002

Purpose of Disbursement
D-CA-39th, Event 3/19/09Candidate Name
Linda Sanchez011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 39

Transaction ID: 5100901

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

D-CA-39th, Event 3/19/09

B. Full Name (Last, First, Middle Initial)
America's Health Insurance Plans PAC

Mailing Address 601 Pennsylvania Ave, NW, #500 S

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 5104125

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
American Council of Life Insurers PAC

Mailing Address 101 Constitution Ave, NW, #700

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 5104329

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A. Full Name (Last, First, Middle Initial) FINANCIAL SERVICES ROUNDTABLE PAC	Transaction ID: 5104330 Date of Disbursement
Mailing Address 1001 Pennsylvania Ave., NW Suite 500 South	<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Investment Company Institute PAC	Transaction ID: 5104383 Date of Disbursement
Mailing Address 1401 H Street, NW, #1200	<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	<input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mortgage Bankers Association PAC	Transaction ID: 5104488 Date of Disbursement
Mailing Address P.O. Box 403945	<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Atlanta State GA Zip Code 30384	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A. Full Name (Last, First, Middle Initial) Reinsurance Association of America PAC	Transaction ID: 5104503 Date of Disbursement
Mailing Address 1301 Pennsylvania Avenue, NW Suite 900	<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Contribution
B. Full Name (Last, First, Middle Initial) SIFMA PAC	Transaction ID: 5104505 Date of Disbursement
Mailing Address 120 Broadway 35th Floor	<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City New York State NY Zip Code 10271	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	<input type="text" value="4000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Contribution
C. Full Name (Last, First, Middle Initial) U.S. Chamber of Commerce PAC	Transaction ID: 5104507 Date of Disbursement
Mailing Address U.S. Chamber of Commerce 1615 H Street, N.W.	<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Washington State DC Zip Code 20062	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC**A.** Full Name (Last, First, Middle Initial)
Investment Company Institute PAC

Mailing Address 1401 H Street, NW, #1200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Void - Investment Company Institute PAC

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 5104517

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Amount of Each Disbursement this Period

-2000.00

Void - Investment Company
Institute PAC**B.** Full Name (Last, First, Middle Initial)
Investment Company Institute PAC

Mailing Address 1401 H Street, NW, #1200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 5104518

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Rangel For CongressMailing Address PO Box 5577
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement
D-NY-15, Event 4/28/09Candidate Name
Rep. Charles B. Rangel011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: NY District: 15Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 5152929

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

2500.00

D-NY-15, Event 4/28/09

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A. Full Name (Last, First, Middle Initial) Scott Garrett For Congress	Transaction ID: 5162618 Date of Disbursement																				
Mailing Address P.O. Box 905	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	9												
City Newton State NJ Zip Code 07860	Amount of Each Disbursement this Period																				
Purpose of Disbursement R-NJ-5, Event 4/30/09	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Scott Garrett	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 05	R-NJ-5, Event 4/30/09																				
B. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee	Transaction ID: 5162619 Date of Disbursement																				
Mailing Address PO Box 87	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	9												
City Uwchland State PA Zip Code 19480	Amount of Each Disbursement this Period																				
Purpose of Disbursement R-PA-6, Event 5/13/09	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. James W. Gerlach	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06	R-PA-6, Event 5/13/09																				
C. Full Name (Last, First, Middle Initial) 21st Century PAC	Transaction ID: 5162622 Date of Disbursement																				
Mailing Address 2052 Lake Audubon Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	9												
City Reston State VA Zip Code 20191	Amount of Each Disbursement this Period																				
Purpose of Disbursement R-CA-25 (McKeon), Event 5/5/09	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	R-CA-25 (McKeon), Event 5/5/09																				

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.	Full Name (Last, First, Middle Initial) The Bluegrass Committee	Transaction ID: 5162623 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9
	Mailing Address 400 North Capitol Street, NW Suite 585	
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement R-KY (McConnell), Event 1/27/09	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		R-KY (McConnell), Event 1/27/09
B.	Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: 5162624 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9
	Mailing Address P.O. Box 19163	
	City Las Vegas State NV Zip Code 89132	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement D-NV, Event 5/14/09	011 Category/ Type
	Candidate Name Sen. Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		D-NV, Event 5/14/09
C.	Full Name (Last, First, Middle Initial) Mikulski For Senate Committee	Transaction ID: 5168788 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9
	Mailing Address P O B 13147	
	City Baltimore State MD Zip Code 21203	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement D-MD, Event 5/20/09	011 Category/ Type
	Candidate Name Sen. Barbara A. Mikulski	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		D-MD, Event 5/20/09

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 / 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC**A.** Full Name (Last, First, Middle Initial)
Bachus For Congress Committee

Mailing Address P.O. Box 131134

City Birmingham State AL Zip Code 35213

Purpose of Disbursement
R-AL-6, Event 5/5/09Candidate Name
Rep. Spencer Thomas Bachus, IIIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 06

Transaction ID: 5168790

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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R-AL-6, Event 5/5/09

B. Full Name (Last, First, Middle Initial)
CAMPACMailing Address 2501 Wisconsin Avenue, NW
#304

City Washington State DC Zip Code 20007

Purpose of Disbursement
R-MI-4(Dave Camp), Event 5/20/09

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 5190619

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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R-MI-4(Dave Camp), Event
5/20/09**C.** Full Name (Last, First, Middle Initial)
Friends Of Chris Dodd

Mailing Address PO Box 270701

City West Hartford State CT Zip Code 06127

Purpose of Disbursement
D-CT, Event 5/19/09Candidate Name
Sen. Christopher J. DoddOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District:

Transaction ID: 5199196

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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D-CT, Event 5/19/09

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A. Full Name (Last, First, Middle Initial) Friends Of John Tanner Mailing Address Post Office Box 1994	Transaction ID: 5199199 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	2		2	0	0	9													
City Union City State TN Zip Code 38281 Purpose of Disbursement D-TN-8, Event 6/12/09 Candidate Name Rep. John S. Tanner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 08	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> D-TN-8, Event 6/12/09	1000.00																				
1000.00																						
B. Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee Mailing Address PO Box 260 City Newtonville State MA Zip Code 02460 Purpose of Disbursement D-MA-4, Event 6/16/09 Candidate Name Rep. Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 04	Transaction ID: 5199200 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> D-MA-4, Event 6/16/09	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	2		2	0	0	9													
1000.00																						
C. Full Name (Last, First, Middle Initial) Ed Royce For Congress Mailing Address P.O. Box 2525 City Orange State CA Zip Code 92859 Purpose of Disbursement R-CA-40, Event 6/3/09 Candidate Name Rep. Edward R. Royce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 40	Transaction ID: 5199203 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> R-CA-40, Event 6/3/09	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	2		2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A. Full Name (Last, First, Middle Initial) Melissa Bean For Congress Mailing Address PO Box 3068	Transaction ID: 5211561 Date of Disbursement <div> <div>06</div> <div>03</div> <div>2009</div> </div>
City Barrington State IL Zip Code 60010 Purpose of Disbursement D-IL-8, Event 6/25/09 Candidate Name Melissa Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 08	Amount of Each Disbursement this Period <div>2000.00</div> D-IL-8, Event 6/25/09
B. Full Name (Last, First, Middle Initial) ERICPAC Mailing Address 209 Pennsylvania Avenue, SE City Washington State DC Zip Code 20003 Purpose of Disbursement R-VA-7, Event 6/25/09 (Cantor) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 5211564 Date of Disbursement <div> <div>06</div> <div>03</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> R-VA-7, Event 6/25/09 (Ca- ntor)
C. Full Name (Last, First, Middle Initial) Larson For Congress Mailing Address 29 Ruff Circle City Glastonbury State CT Zip Code 06033 Purpose of Disbursement D-CT-1, Event 6/10/09 Candidate Name Rep. John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01	Transaction ID: 5211565 Date of Disbursement <div> <div>06</div> <div>03</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> D-CT-1, Event 6/10/09

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A. Full Name (Last, First, Middle Initial) Evan Bayh Committee	Transaction ID: 5253186
Mailing Address 850 Fort Wayne Avenue	Date of Disbursement
	<div> <div>06</div> <div>25</div> <div>2009</div> </div>
City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
Purpose of Disbursement D-NV, Event 7/14/09	<div>2000.00</div>
Candidate Name Sen. Evan Bayh	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:	D-NV, Event 7/14/09
B. Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 5253193
Mailing Address P. O. Box 17813	Date of Disbursement
	<div> <div>06</div> <div>25</div> <div>2009</div> </div>
City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
Purpose of Disbursement R-VA-7, Event 7/14/09	<div>1000.00</div>
Candidate Name Rep. Eric I. Cantor	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	R-VA-7, Event 7/14/09
C. Full Name (Last, First, Middle Initial) Bob Corker for Senate	Transaction ID: 5253200
Mailing Address 518 Georgia Avenue	Date of Disbursement
Second Floor	<div> <div>06</div> <div>25</div> <div>2009</div> </div>
City Chattanooga State TN Zip Code 37403	Amount of Each Disbursement this Period
Purpose of Disbursement R-TN, Event 6/16/09	<div>1000.00</div>
Candidate Name Bob Corker	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District:	R-TN, Event 6/16/09

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A. Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan	Transaction ID: 5253202 Date of Disbursement																				
Mailing Address PO Box 871	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	9												
City Bismarck State ND Zip Code 58502	Amount of Each Disbursement this Period																				
Purpose of Disbursement D-ND, Event 6/18/09	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Byron L. Dorgan	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ D-ND, Event 6/18/09																				
B. Full Name (Last, First, Middle Initial) Portman for U.S. Senate	Transaction ID: 5253227 Date of Disbursement																				
Mailing Address 211 South 5th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	9												
City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period																				
Purpose of Disbursement R-OH, Event 6/15/09	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Rob Portman	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ R-OH, Event 6/15/09																				

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

79000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AEGON USA, LLC PAC

A.

Full Name (Last, First, Middle Initial)
Federation of Iowa Insurers PAC

Mailing Address 700 Walnut Street
Suite 1600

City Des Moines State IA Zip Code 50309-2231

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 5104508

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

3500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
IIPAC

Mailing Address 904 Walnut Street
Suite 100

City Des Moines State IA Zip Code 50309-3503

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 5104509

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
LIFEPAC

Mailing Address 100 S. Third Street

City Columbus State OH Zip Code 43215-4291

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 5104510

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

5750.00